

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565301

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		①		1			54						
5		①		1			55						
6		②		1			56						
7		1		1			57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11		①		1			61						
12	1		1				62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22		10		1			72						
23	1		1				73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30	1		1				80						
31	1		1				81						
32	1		1				82						
33		10		1			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓	12	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	40	←	21	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	52		33				TOTAL CLAIMS						